SC Budget and Control Board **VEHICLE ACCIDENT REPORT**

IMMEDIATELY NOTIFY Police and call for medical assistance (9-1-1), as required. Call your supervisor and Safety (513-5352 or 513-5354). Complete the following information.

I.	Date: Time:			
II.	Location of Accident:			
	County:	City:	Route No.:	
III.	You and your State Vehicle			
	Agency Name			
	Agency Address:			
	Year and Make of Vehicle:		License Tag No. and State:	
	Name:		Driver's License No.:	
	Address:		Office Phone:	
		Other Vehic	le	
	Year and Make:		License Tag No. and State:	
	Name:		Driver's License No.:	
	Address:			
	Insurance Company / Policy Nun	nber:		
IV.	Did the police investigate this acc	cident?	Yes No	
	If yes, which police department?			
	Was anyone charged with a viola	tion? No	Other Driver You	
	If yes, what was the charge?			
	If anyone was injured, who was i	t and what was	the nature of the injury?	

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V.	In your own words, give circumstances of the accident:		
	Employee Signature:		
VI.	Supervisor Notification		
	Name: Telephone No.		
	Team:		
	Estimated Cost of Repair:		
	Supervisor's Signature:		

Complete and return the original of this form and the Police report to:

SC BCB OED Safety

1200 Senate Street, Suite B-02 Columbia SC 29201 737-2311 / 2315

Call immediately to report vehicle accidents and employee injuries to:

BCB Safety
Holly Bockow 737-2311
Bernie Lee 737-2315
On-line Injury Report (Web Page)
http://www.bcbintranet.sc.gov/bcbintra/BCBI-accident-report.phtm

Fax / Mail (within 24 Hours) to:

SC BCB General Services **State Fleet Management** 1026 Sumter Street, 2nd Floor

1026 Sumter Street, 2nd Floor Columbia SC 29201-3746 ATTN: Safety Officer

Fax: 737-1160 WP: 737-1211

Southeastern Claims Service

PO Box 212128 Columbia SC 29202 WP: (800) 206-1913 Fax: (803) 407-5549